



Application form for Employee

Refund of PRSI contributions

You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- You can only apply for one type of refund per form. Incomplete forms will be returned and this will delay your application.

Please note: A refund may be claimed for a minimum of one year and a maximum of four years prior to the current year.

For the year(s) you are claiming a refund, were you:	Please complete
•an employee of pensionable age?	Parts 1 and 2.
•paying social insurance (PRSI) in another country?	Parts 1 and 2.
•paying maintenance to your spouse / civil partner?	Parts 1, 2 and 3.
•in receipt of Maternity / Adoptive / Paternity / Illness Benefit, Occupational Injuries or Health and Safety Benefit?	Parts 1, 2 and 4. Your employer should complete Ques. 19.

When the form is completed, read **Part 5** and sign declaration at **Part 1**.

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For more information, log on to www.welfare.ie.

How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T										
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other											
3. Surname:	M	U	R	P	H	Y												
4. First name(s):	M	A	U	R	E	E	N											
5. Your first name as it appears on your birth certificate:	M	A	R	Y														
6. Birth surname:	M	C	D	E	R	M	O	T	T									
7. Your date of birth:	2	8		0	2		1	9	7	0								
	D	D		M	M		Y	Y	Y	Y								
8. Your mother's birth surname:	K	E	L	L	Y													

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T						
	O	L	D		T	O	W	N										
	D	O	N	E	G	A	L		T	O	W	N						
County	D	O	N	E	G	A	L			Postcode								
Country	I	R	E	L	A	N	D											
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
	MOBILE																	
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
	LANDLINE																	
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R	
	B	O	X															

SAMPLE



Refund of PRSI contributions

Part 1

Your own details

1. Your PPS No.:	<input type="text"/>
2. Title: (insert an 'X' or specify)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="text"/>
3. Surname:	<input type="text"/>
4. First name(s):	<input type="text"/>
5. Your first name as it appears on your birth certificate:	<input type="text"/>
6. Birth surname:	<input type="text"/>
7. Your date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
8. Your mother's birth surname:	<input type="text"/>

Contact Details

9. Your address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		<input type="text"/>
10. Your telephone number:	<input type="text"/>	MOBILE	<input type="text"/>
	<input type="text"/>	LANDLINE	<input type="text"/>
11. Your email address:	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

Date:
D D M M Y Y Y Y

Signature (not block letters)

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

12. Why do you think you may qualify for a refund? Place X in only one box.

- Of pensionable age
- Self-employed (Company Director/Sole Trader/Partnership) who paid Class A contributions
- Civil/public servant who paid Class A instead of Class B/C/D
- Paid PRSI on full salary while getting Illness Benefit
- Paid PRSI on full salary while getting Maternity/Adoptive Benefit
- Paid PRSI on full salary while getting Paternity Benefit
- Paid maintenance to spouse/civil partner
- Holder of E101/A1/Certificate of Coverage/Exemption Certificate*
*See Part 5 checklist
- Under 16
- No Contract of Service
- Subsidiary Employment
- Other reason - please give details below:

13. A refund may be claimed for a minimum of one year to a maximum of four years prior to the current year.

For what year(s) are you applying for a refund?

If your employment record for the most recent year is not available to us, we will not be able to process that particular refund and you will need to re-apply.

2	0		
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2	0		
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2	0		
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2	0		
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Y Y Y Y

Part 2

Your payment details

Please provide your current, deposit or savings account details for payment.
The account must be in your name or jointly held by you.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):
Name 1:

Name 2 (if any):

Please be aware that the following will be deducted from your refund before payment issues:

- Any debt you may owe to the Department
- Any benefit payment which was paid on the basis of an incorrect class of PRSI

Part 3

People paying maintenance to a spouse or civil partner

14. Tax year(s) of payment:

Y Y Y Y

Amount of maintenance paid:

€ , .

€ , .

€ , .

€ , .

For each year you should attach:

- P21 balancing statements
or
 Acknowledgement of Income Tax Return
or
 Self-Assessment as received by Revenue Online Service (ROS)

Part 4

People on a full salary while getting Maternity/
Adoptive/Paternity/Illness Benefit, Occupational
Injuries or Health and Safety Benefit

15. Are you a Civil/Public Servant?

Yes No

You should note that Civil/Public Servants need to contact their own Salary Section to process the refund as in this case the Employer processes the refund.

16. Which of the following is relevant to you? Place X in one box.

- Maternity Benefit
- Adoptive Benefit
- Paternity Benefit
- Illness Benefit
- Occupational Injuries
- Health and Safety Benefit

17. When did you receive your Maternity / Adoptive / Paternity / Illness Benefit, Occupational Injuries or Health and Safety Benefit?

From:
To:
D D M M Y Y Y Y

18. How much Maternity / Adoptive / Paternity / Illness Benefit, Occupational Injuries or Health and Safety Benefit did you receive?

€ . a week

19. Please have your employer confirm these details below.

I (employer) confirm that I received a total of € , . in Maternity / Adoptive / Paternity / Illness Benefit, Occupational Injuries and/or Health and Safety Benefit payment for this employee.

(a) I deducted full PRSI and continued to pay their full salary.

or

(b) I deducted PRSI from their salary less the amount of Maternity / Adoptive / Paternity / Illness Benefit, Occupational Injuries and/or Health and Safety Benefit.

Signature of Employer (not block letters)

Employer's official stamp

Date:
D D M M Y Y Y Y

Have you enclosed the following?

(Only for customers applying for a refund because they have paid Social Insurance in another EU country or in a non-EU country with which Ireland has a Bilateral Social Security agreement).

- Your E101/A1, if relevant
- Your Certificate of Coverage, if relevant
- Your Exemption Certificate, if relevant

For customers who have paid maintenance to a spouse/civil partner?

- Your P21 balancing statements
- or
- Acknowledgement of Income Tax Return
- or
- ROS Self-Assessment Statement

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Send this completed application form to:

PRSI Refund Section

Department of Employment Affairs and Social Protection

Gandon House

Amiens Street

Dublin 1

D01 A361

Telephone: (01) 673 2586

If you are calling from outside the Republic of Ireland please call + 353 1 673 2586

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

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